CHAPTER 6

Outdoor Recreation: Its Relationship with Health, Well-being, and Aging

Professionals in the field know the health benefits of outdoor recreation. To help market the product and increase use and revenues, it is important that we educate users about how outdoor recreation sites and facilities promote improved health and well-being.

How do you do that? Start with the national information, then state level, then local community. There is not much outdoor recreation cannot do that is beneficial to humans, but it still has to be brought into the users' realm. In other words, you must determine the needs of the local people, how those needs can be met, and the best way to alert users of the options available.

The National Picture

Healthy People 2010 (U.S. Department of Health and Human Services [HHS], 2000) is the nation's initiative to improve the overall health of U.S. citizens by 2010. This document has two major overlapping goals. The first is to increase the quality and years of healthy life. The second is to eliminate health disparities. There are also 28 focus areas of health that have been given a high priority for change. Additionally, Healthy People 2010 identifies 10 health priorities, which are the Leading Health Indicators for the nation and the top 10 areas of concern for citizens and communities. If the incidence of even one of these priorities is positively affected by outdoor recreation, the overall health picture in the United States will have improved. For a complete list of the 28 focus areas and how they relate to the 10 leading indicators, go to http://www.healthypeople.gov/LHI/Touch_fact.htm.

The 10 Leading Health Indicators are:

- Physical activity
- Overweight and obesity
- Tobacco use
- Substance abuse
- Responsible sexual behavior
- Mental health
- Injury and violence
- Environmental quality
- Immunization
- Access to health care

Many national organizations are cooperating with each other and/or endorsing each other's initiatives to improve the nation's health. For example the National Coalition for Promoting Physical Activity (NCPPA) strongly advocates Senate and Congressional bills (e.g., S. 3711, the Gulf of Mexico Energy Independence Act of 2006), which provide land acquisition funds (Land and Water Conservation Fund, LWCF), as well as funding for trails and alternative transportation (nation's surface transportation bill [SAFETEA-

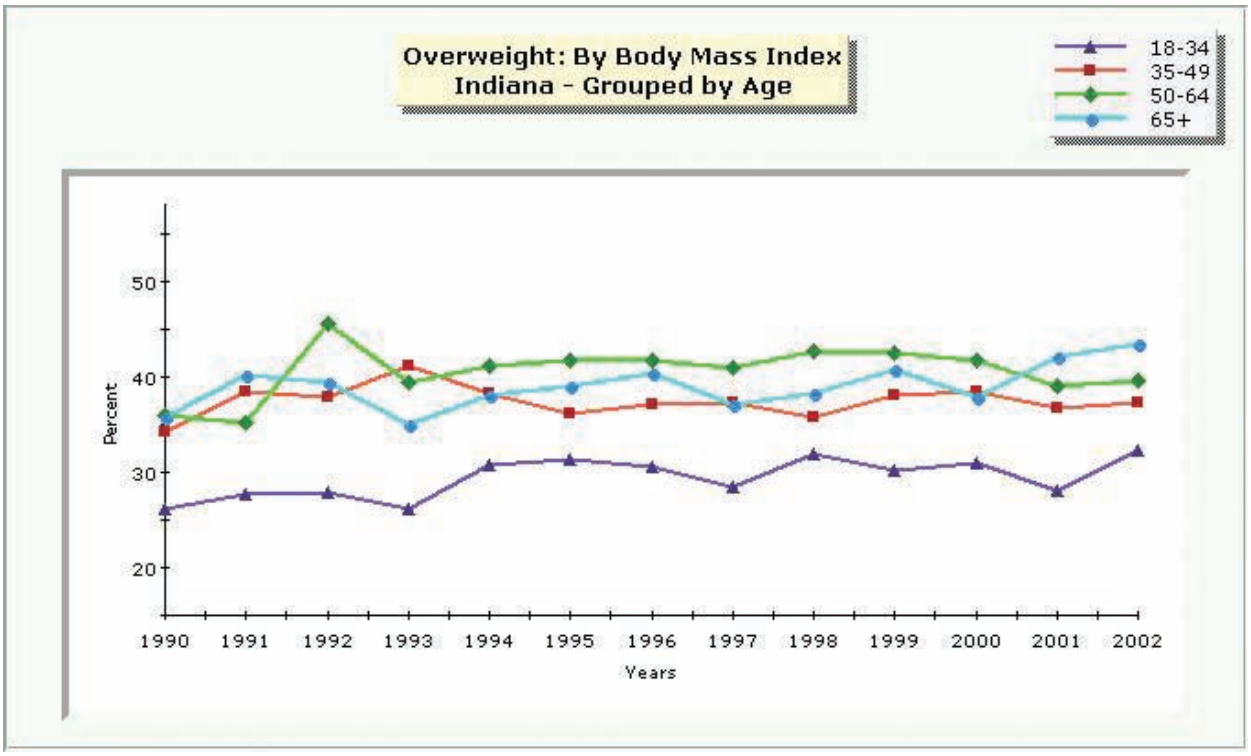

Figure 14. Overweight trends (Behavioral Risk Factor Surveillance System, CDC, 2003)

LU]) (National Coalition for Promoting Physical Activity, 2006).

The actions being taken nationally may not be fully reproducible at the local level, but they are a beginning. The national actions should point to ideas and practices that local outdoor recreation providers can use or tweak to suit local demographics. Examples of ways innovative marketing and program development in outdoor recreation can impact each of the 10 leading health indicators are:

- Provide multiple opportunities for exercise (physical activity)
- Promote community walking/ exercise groups in a safe environment – increased exercise can translate into weight loss (overweight and obese)
- Have smoke-free facilities (tobacco use)
- Develop activity-before-addiction programs (substance abuse)
- Offer programs geared for teenagers to keep them off the streets (responsible sexual behavior)
- Enrich green spaces with garden areas that include ponds, flowers, low hanging trees and quiet walkways (mental health)
- Be a community safe haven (injury and violence)
- Offer educational opportunities (e.g., Project Learning Tree, Project WET, Project Wild, Hoosier Riverwatch) (environmental quality)
- Partner with the county health department to reach low-income families for no/low cost immunization days (immunization)
- Open facility doors for free clinics (Access to Health Care)

As you can see, outdoor recreation and health go hand-in-hand.

The State Picture

This section of the SCORP focuses on the leading health indicators that can be most directly impacted by outdoor recreation (i.e., obesity and overweight and physical activity).

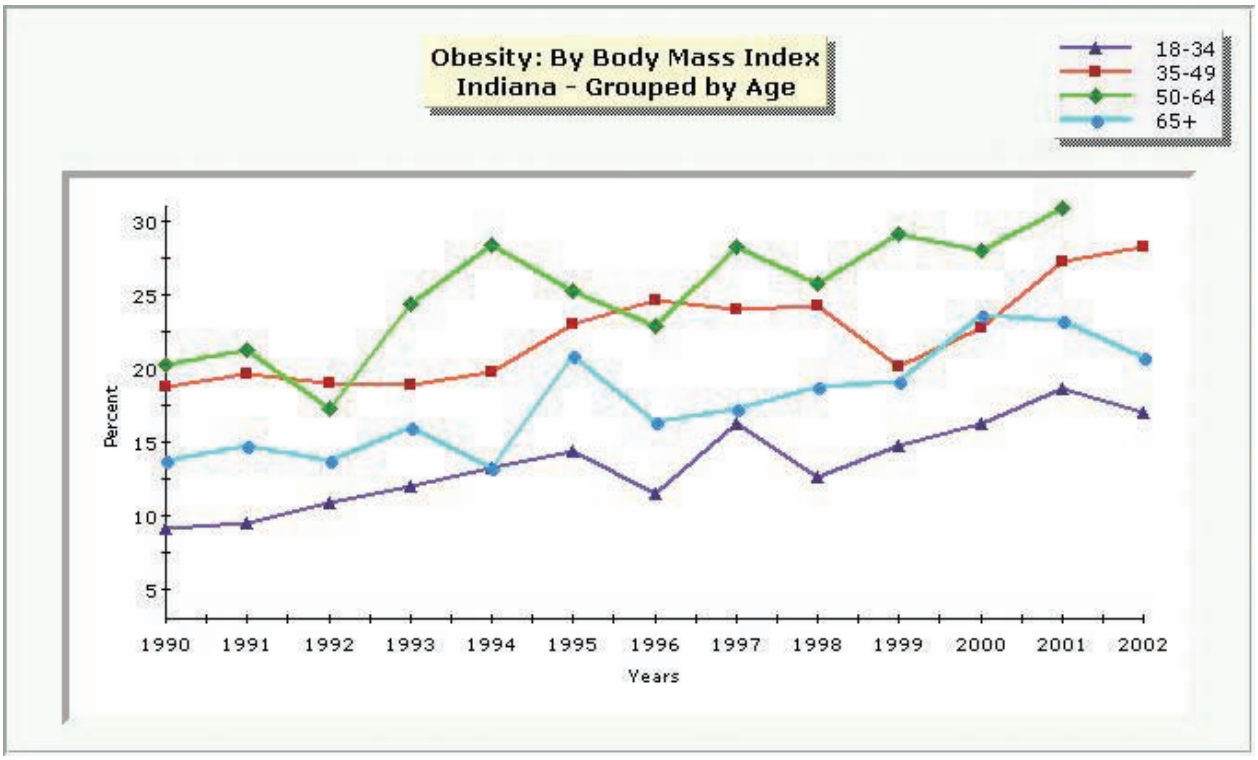

Figure 15. Obesity trends (Behavioral Risk Factor Surveillance System, CDC, 2003)

The first two charts deal with overweight and obesity. The percentage of overweight Hoosiers, as defined by a body mass index (BMI) between 25.0 and 29.9, increased from 31.7% in 1990 to 37.2% in 2002 (see Fig. 14).

The percentage of Hoosiers recorded as being obese, as defined by a BMI equal to or greater than 30.0, increased from 14.5% in 1990 to 24.1% in 2002 (see Fig. 15).

The significance of the increase in overweight and the more dramatic increase in obese is that increasingly more people are moving from overweight into the obese range, and more people are moving from the normal range into the overweight and obese categories. Many studies confirm that numerous diseases and health disparities can be attributed to or compounded by obesity, including cardiovascular disease, diabetes, arthritis and digestive disorders. The economic impact of obesity alone on the State is astounding. According to National Center for Disease Control and Prevention (CDC, 2006) the estimated direct costs of obesity to Indiana from 1996 to 2000 were:

- Total population - $1,637 million
- Medicare population - $379 million
- Medicaid population - $522 million

These numbers do not include indirect costs from absenteeism, lost productivity and reduced activity. It is no wonder that initiatives have been instituted to reduce the burden of obesity in both our nation and in Indiana. Outdoor recreation providers can be key players in the battle to decrease and prevent the upward trends of overweight and obesity in Indiana.

For more than 10 years studies have shown that physical activity is a primary means of decreasing disability and chronic conditions. Inactive people can improve their health with even moderate increases in activity, and several mental conditions may improve with increased physical activity (CDC, 1996). Exercise or physical activity is also a key

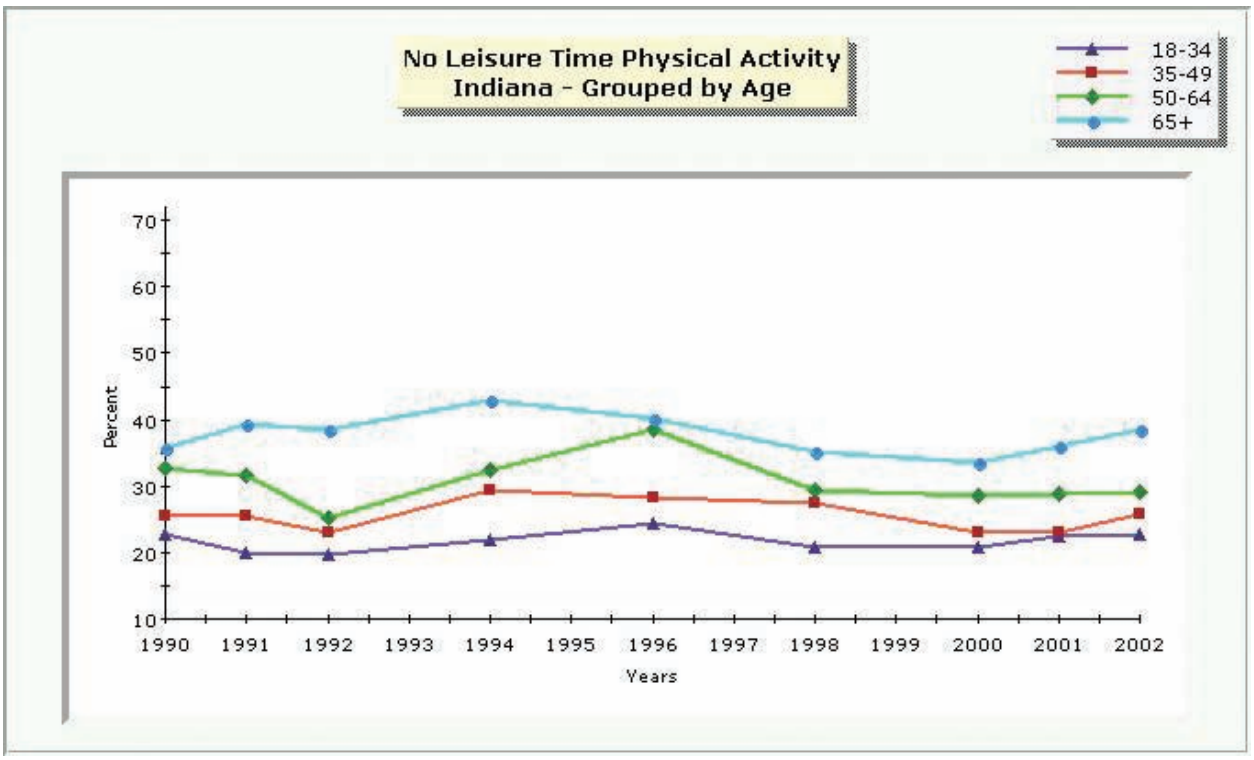

Figure 16. Physical activity trends
(Behavioral Risk Factor Surveillance System, CDC, 2003)

component in weight loss.

As Fig. 16 shows, the percentage of individuals in Indiana who did not participate in leisure-time physical activity peaked in 1994 and 1996 (depending on age group). Inactivity decreased for all age groups from 1996 to 2000, but the numbers increased again in 2000, excluding people in the 50 to 64 years-of-age range.

Providing outdoor recreation opportunities and marketing them effectively could reverse this trend toward sedentary lifestyles before it affects the health and well-being of hundreds of citizens.

One challenge is providing variety within sites and facilities so that several demographic groups are attracted to the location. This could require implementing a multidisciplinary approach and joining forces with several professional segments to achieve an outcome that is effective, cost efficient, and crosses over several user groups. For example, renovating or building an ice skating rink that is used only for ice skating may be cost prohibitive. However, the same project might also include a bandstand, additional seating and wheelchair-access points so the facility can be used for music concerts, rollerblading, dance-a-thon fund-raisers, support group meetings for persons with disabilities and community forums, to name a few options. The facility would then go beyond being a place for physical activity to being a focal point for physical activity, social support, community involvement, and socialization among and between all segments of the population. Achieving this multifunctional perspective may require community focus group sessions and partnerships with professionals in many fields, including but not limited to health care (e.g., pediatrics, gerontology), health promotion, horticulture, architecture and psychology. Although physical activity should remain one of the primary focuses of outdoor recreation and striving to stay aligned with national and State

guidelines should be a priority, providers should remember that health is multi-faceted. When designing facilities, trails and sites, be mindful of other aspects of health, such as intellectual, emotional and social needs.

Reducing sedentary lifestyles and increasing physical activity must be a high-priority item. The competition from time commitments to work and family, distance to facilities, cost of equipment or training, and television is fierce. A person's perceived benefit from visiting a recreational site for physical activity or any other reason must exceed the perceived cost of visiting that site. The more user needs a site can satisfy, the higher the benefits of using it become. If a site can be provided that has an integrated design that encompasses

- An area that is exciting, colorful, and informative for a preschooler,
- A more challenging playground and a hands-on educational area for an elementary school student,
- Social areas (sports courts, open areas) for teenagers,
- Relaxing benches and water gardens for working adults and
- Gently sloping interpretive trails or walkways for grandparents - that circle the activity areas

All of which follow ADA guidelines, the benefit of a family night at the park may outweigh the cost or hassle.

It's a Balancing Act

Health and well-being include more than physical activity. Outdoor recreation, done properly, can address multiple aspects of the wellness spectrum, such as social, mental, and spiritual health. To do that, the provider has to know how much can be provided and how much has to be left out. When designing sites, facilities or programs, considering all dimensions of health (physical, intellectual, emotional, social, sexual, and spiritual) could yield crucial information for meet-

ing the needs of myriad different user groups. For example, pregnant females are more comfortable in a different style of chair than are athletic males. In respect to social health, men and women have different general social tendencies. Clusters of chairs may be a more appropriate setting for women, whereas men may prefer benches facing sports courts or fields. Women may prefer pastel colors in displays and brochures; men may prefer bold or nature-toned colors. Subtle changes in materials can affect the first perception of a product or environment; that is one reason remaining aware of the user community is a must.

Mental health should be addressed when discussing environments and programs. One example is the influence of outdoor recreation on stress. Several health conditions can be stress-related; the whole population's perceived stress level seems to be increasing. Outdoor recreation can positively affect stress thereby reducing signs and symptoms of illness. Opportunities that increase a person's coping skills, whether they be a rock climbing wall, skating park or a solitary bench facing a waterfall surrounded by shrubs, trees, or aromatic flowers are just a few examples of ways outdoor recreation could benefit a person's overall mental and emotional health. Obviously, outdoor recreation is not a complete solution to severe mental health problems; however, partnering with associations that provide services to persons with mental health challenges maybe a beneficial venture for both organizations. Perhaps dedicating public kiosks that post information about community services such as crisis centers, hot lines, mental health associations and homeless shelters could be feasible.

Outdoor recreation providers can look even further outside the box. Spiritual health is different for each individual. Places of worship are not the only loca-

tions people frequent for spiritual well-being. Some people love to hike or just sit in a natural setting. Having safe, yet isolated areas where individuals can meditate or experience a degree of solitude may promote spiritual health. Additionally, partnering with local religious organizations for facilities and activities may increase public awareness, which could translate into an increase in facility users.

Simple steps like planning strategically placed seating that has taken several aspects of health and well-being into consideration (e.g., gender, mental, and spiritual health) can meet the needs of many. Careful consideration of current and future user communities, partnering with tangential organizations and long-range planning can increase the cost effectiveness of facility/programming development and improvements. If implemented with proper consideration, improvements to the outdoor recreation site/programs will be applicable and usable for many years. Although, there are trends that come and go, there are also aspects of health that remain constant. People will always walk, activities will become more passive as people age, and grandparents will always enjoy time with their grandchildren. When planning sites, facilities and programs that are long-term investments, providers should focus on stables and accent with trends, adjust as needed through time, but keep the basics for future generations.

A Specialized Population

Average life expectancy has increased dramatically in the last 100 years. In 1901 males lived about 44 years, females about 46. Today both live about 35 years longer (CDC, 2005). The average life expectancy in the United States in 2005 was 77.6 years (National Center for Health Statistics). As life expec-

tancy has increased, chronic conditions have become more prevalent in the older population. These conditions often mean increased medical expenses, decreased quality of life and increased dependency on others. Therefore, increasing quality of life and decreasing health disparity for the older population is becoming more important, especially as the population grows and baby boomers approach retirement.

One major determinant of continued high quality of life as one ages is the amount of physical activity a person is involved in. The 2000 Behavioral Risk Factor Surveillance System asked older adults what physical activities they had participated in the past month. Nearly 70% of active older adults reported that walking was their activity of choice. Other activities that were reported include:

- Gardening – 9.6%
- Bicycling – 3.9%
- Home exercise – 3.3%
- Golf – 2.8%

Aerobics, swimming, weight lifting, running/jogging and tennis were also reported as activities that older adults enjoy doing.

The "State by State Report Card on Healthy Aging" ranked states on several health issues, including physically unhealthy days, frequent mental distress, disability, and no leisure-time physical activity. Indiana's rank in the nation is listed below (ranking order: 1 = least/best, 51 = most/worst):

- Physically unhealthy days (2001) – 44
- Frequent mental distress (2000-2001) – 13
- Disability (2002) – 33
- No leisure-time physical activity – 44

Indiana's rankings show a definite need for increased physical activity among aging Hoosiers.

As stated previously, lack of exercise is directly related to chronic disease and disability (the main cause of death today). As people age they become increasingly prone to chronic conditions, decreased

mobility, decreased balance, and hearing and visual limitations. In 2000 less than 15% of Indiana's population was reported to be 65 years old or older. By 2015 the percentage of citizens 65 years old and older is expected to increase to 15 to 19.9% of the population (Merck Institute of Aging and Health [MIAH], 2004). These figures indicate that we need to prepare now for an increase in the aging population and the related additional costs and considerations that must be taken into account when planning for the future of outdoor recreation environments, facilities, and programs. Some innovative ideas may be providing paved multi-use trails that connect retirement centers/communities to the outdoor recreation location, building or adapting facilities to be user-friendly for seniors (e.g., large print signs, handrails near walk ramps, shorter height stairs, increased ADA stalls in restrooms), and ensuring that the senior population has adequate representation at public forums and planning groups. To be a partner in the fight to decrease health disparity and increase quality of life, providers need to prepare for the aging population in their communities/user groups. The following Web sites are good sources for more information about the older population in regards to physical activity, programs promoting physical activity, and collaborative efforts to reduce the burden of disease and disparity:

- http://www.cdc.gov/steps/index.htm
- http://www.aarp.org/health/fitness/get_motivated/a2004-06-28-workbook-users.html
- http://aoa.gov/youcan/
- http://healthyagingprograms.org/
- http://ucsf.edu/champs/
- http://www.agingblueprint.org/

Conclusions

The link between outdoor recreation and health, wellness and aging may seem a foreign and mystical beast; a way outside the box idea that cannot be integrated into the traditional views. But the American Association of Retired Persons (AARP), National Blueprint, IN-shape Indiana, and coalitions for the senior population disagree. Outdoor recreation providers may have reached the edge of a new era. The time when considering the overall health of the community and individual users will be essential for providing locations, facilities and services that will outlast changing trends and truly satisfy overarching needs and demographic segments.

Perhaps the cliché "all for one and one for all" should be the resounding theme for the future. As we look at budget constraints that providers continually face, becoming increasingly aware of needs within the service area may be a window of opportunity. By demonstrating a desire to meet needs of the communities within the site's service area and by reaching out to those communities, the provider may open doors for community ownership and the partnerships and funding opportunities that go with it. For example, specific user groups could provide matching funds needed for grant applications or money for smaller projects. If initiatives are targeted or marketed toward improving the health and quality of life of all, concerned citizens may band together and respond.

Outdoor recreation goes hand in hand with health and quality of life. It blends with each of the 10 Leading Health Indicators and can significantly impact each. It is the responsibility of the provider to show the community how this is a truth and a reality, and to provide the means for the community to have ownership. Providing multifactoral sites may seem a landscaper's fantasy, but it can become reality when enough people catch the vision and work together. Building community resources and community capacity for outdoor recreation is no dream. It is a necessity.